

The Rt Hon Nick Herbert MP

Co-Chairman of the All-Party Parliamentary Group on Global Tuberculosis, UK

The Sir John Crofton Lecture to the 45th Union World Conference on Lung Health

Barcelona, 29 October

You can also view this lecture at <https://m.youtube.com/watch?v=IPdBnrt60og> (33:20 - 52:40).

The eyes of the world are focused on a condition that cannot be cured.

Leaders in medical sciences are hunting for a solution to a disease that threatens the lives of rich and poor.

The only protection is to stay away from the sick.

Governments have come together to launch the fightback.

Such words fill the daily newspapers.

But they are not today's headlines about Ebola.

They are the reports of nearly a century ago, when 31 countries came together from around the world to form the institution that we now know as the Union.

And the threat was tuberculosis.

Within a year, a vaccine was discovered. Thirty years later, there was a breakthrough with the discovery of Streptomycin.

The drug would change history.

Not only because it was the first drug against the deadliest disease in human history, but because the scientists who discovered it thought outside of the box.

First, they conducted a randomised control trial, proving the efficacy of the drug beyond doubt.

Then they realised that to beat TB it required not one drug, but several, acting in combination to tackle the disease.

They paved the way for future treatments for cancer and for HIV. They created modern medicine as we know it.

That team was led by a man called Sir John Crofton, and his vision has saved millions of lives.

I am honoured to be standing here and delivering this lecture which bears his name and to join a distinguished audience of those who have dedicated so much to try to combat TB.

Later this evening we will hear singers perform, and we will be reminded that when La Traviata and La Boheme first played in the opera houses of Europe, the portrayal of young women coughing their last breath was unremarkable. The disease accounted for a quarter of all deaths.

Today, most citizens in the West believe that TB is beaten, a disease of the past, with a vaccine and treatment readily available. I thought that when, as a newly-elected Member of Parliament in the UK, I was first told about TB.

How wrong they are. TB has made a terrible comeback. Always a disease of poverty, now linked to HIV-Aids, it remains a killer of millions. And, as we know, there never has been an effective vaccine.

Now this oldest of diseases is producing the newest of threats. Drug-resistant strains now account for a third of all deaths from the disease.

Those with access to advanced healthcare who contract drug-resistant TB face a long and extremely unpleasant course of treatment, but stand a chance of living. For those in less developed countries, it is usually a death sentence.

Last year, a Time magazine cover sensationally declared: "Contagion: why drug resistant TB threatens us all". Now, media attention is on a new threat.

Two months ago, the World Health Organisation declared the Ebola epidemic to be an international public health emergency. But TB was declared an emergency two decades ago. And since then, it has claimed more than 25 million lives.

As new threats like Ebola rightly command concern and attention, we need to remind political leaders that TB still kills as many people every day as Ebola has in total. The world cannot afford to make choices between tackling these terrible diseases - it must fight on every front to beat these epidemics.

Yes, the rate of new cases of TB has been falling worldwide for about a decade, enough to hit the UN's Millennium Development Goal target. Yes, deaths will have nearly halved since 1990.

But as the Stop TB Partnership pointed out this week in response to the latest WHO report, that's the global picture. The figures also show that in Eastern Europe and Central Asia, Africa and the Eastern Mediterranean regions, new TB cases are not decreasing and targets will not be met.

There are still 9 million new TB cases every year, and 1.5 million deaths every year, from this curable disease.

The report confirms that the decline in new cases continues, but at a rate of just 1.5 per cent. That's nothing like the 10 per cent annual reductions which enabled the West to get on top of the disease. If we continue at this rate, we will be waiting another two centuries before we eliminate TB as a pandemic.

The latest WHO report says that 3.3 million people a year who develop TB are being missed by health programmes. Most worryingly, less than a quarter of drug-resistant cases are being detected and less than half of those that are detected are successfully treated.

It's unsurprising that drug resistance should have occurred. TB is treated with drugs developed over 60 years ago. Long courses of antibiotics, administered in patchy or non-existent healthcare systems, where counterfeit pills are rife, make non-completion of drug regimes a constant risk.

Indeed, the entire apparatus to control TB in high burden countries is pitifully antiquated, with treatment regimens that are long, complicated and with huge side effects, and with a vaccine that is 90 years old. If this had been a disease that had resurged in the West, we would by now have a new vaccine, rapid testing and better drugs.

But there was no commercial market for these life savers, and so the pharmaceutical companies - bluntly - had little interest in developing them. Only the intervention of the West through massive aid programmes and partnership funding for research can change this story.

Political commitment and new resources are needed. The Global Fund provides over 80 per cent of all international financing to fight TB. So its replenishment has been crucial. I am proud of £1 billion commitment which the UK has made to the Fund, and many other wealthy countries have also played their full part. But others need to step up to the plate.

And we need to recognise that there's still a funding gap in the overall fight against TB. According to the WHO, US\$ 2 billion of the US\$ 8 billion needed every year to ensure a full response is missing. So we have a post-2015 WHO strategy which aims to end the TB pandemic by 2035, but right now a quarter of the resources needed are missing, never mind in the years to follow.

It's hard for western leaders to commit money at a time of austerity. But quite apart from the moral obligation, TB is a disease that does not recognise national borders. We have a common interest in fighting it. The rising treatment costs of inaction, particularly in respect of drug-resistant TB, argue for intervention now.

And the tragedy of TB is that it is claiming millions of lives, yet no one is talking about it.

I knew very little about the disease before I saw it for myself. Nine years ago as a newly-elected MP I joined a small group of UK parliamentarians who visited Kenya with a small charity called RESULTS UK.

That visit opened my eyes to a global health catastrophe.

I remember visiting a hospital in Nyanza province where TB patients shared beds and some slept on the floor.

On returning from that trip to Kenya, three of us decided to establish the All Party Parliamentary Group on Global TB.

In the nine years since we established the group, it has made a real difference to the political debate in the UK.

Colleagues in Canada and the United States have similar groups.

This World TB Day we started to reach out to our colleagues in other countries, and we were delighted by the response.

Over 170 MPs from across the G7 signed our World TB Day statement calling for an end to the disease.

And that gave us the idea to hold a global summit of parliamentarians.

Thanks to the unstinting support of Jose Castro and the Union, on Monday elected representatives from countries spanning five continents, from the United States, Canada, Brazil the UK, France, India, South Africa, Kenya and Tanzania, met here in Barcelona to discuss the TB epidemic or sent their support.

We heard from Dr Mario Raviglione the World Health Organisation's plan to beat TB - but of the challenge the world faces to meet the new targets.

We heard from Dr Lucica Ditiu of the Stop TB Partnership about the need to step up the response.

And so we agreed to form a new global parliamentary caucus to urge for new action and resources to fight this disease.

And today we are launching this declaration.

We, the undersigned, as political representatives of various peoples of the world, recognising that every man, woman and child should be able to live their lives free from the tyranny of disease, HEREBY DECLARE:

1. That tuberculosis (TB) has killed a greater number of people than any other infectious disease in human history and continues to be responsible for 1.5 million deaths a year, often affecting the most vulnerable, and that it should be a global political priority.

2. That the current rate of progress in combatting TB is too slow, such that the disease will remain a threat to the social and economic wellbeing of millions of citizens around the world for centuries to come, and that accelerating progress against the disease should be recognised by all governments to be in the interests of all.

3. That drug-resistant TB demonstrates a collective failure to address the disease properly, imposing an often unbearable burden of treatment on patients and threatening to set back progress against the disease at the grave cost of millions of lives, and that it should be the focus for urgent action.

4. That the current drugs for TB treatment are inadequate, that vaccines and diagnostics are insufficient, and that the commercial market for pharmaceutical development has failed TB patients.

5. That TB imposes on patients a triple burden, combining the devastating health impact of the disease itself, the harsh burden of treatment, and the isolation of social exclusion driven by stigma and fear, and that these problems should be addressed holistically by national health programmes.

6. That TB co-infections such as HIV and diabetes compound the challenges faced by patients during treatment, hindering efforts to reduce rates of disease and increasing the mortality and morbidity associated with TB, and that healthcare systems should integrate programmes for key co-infections.

We therefore commit to use all the means at our disposal to urge sustained action from our governments, to secure the necessary international and domestic resources to combat TB, and to press for the prioritisation of the disease on political agendas, specifically:

7. To demand that every patient, regardless of who they are, where they live, or their ability to pay, shall have access to quick, accurate diagnosis and high quality treatment, and that TB diagnosis and treatment never results in the impoverishment of patients or their families.

8. To call for a model of research and development that is driven by public health need and will support and enhance existing pipelines of desperately needed new drugs, diagnostics and vaccines, to ensure that new treatments are accessible and affordable for the patients who need them.

9. To insist that patients and vulnerable groups are placed at the heart of the response to the disease, supporting the engagement of communities and civil society groups in every aspect of TB prevention, detection, and treatment, puncturing stigma and giving patients a stronger voice in the response to the epidemic.

And to this effect WE HEREBY AGREE to establish a new global parliamentary caucus to press for a more effective response to the TB epidemic, working with official organisations including the World Health Organisation, UNITAID, the Global Fund, the Stop TB Partnership, the Union and UNAIDS, and with non-governmental organisations across the world, reaching across political and geographical divides and seeking to build commitment in our own countries and beyond, to secure an end to the TB epidemic within a generation.

So that is our declaration.

We plan to meet again at the Union conference in Cape Town next year. By then, we want members of parliament from 100 different countries to have signed this declaration and joined our global parliamentary caucus.

And we need your help to secure their support.

The nations of the world are represented in this room. You are all committed to the fight against TB. Most of you have elected representatives. And ladies and gentlemen, we work for you.

How many of you in this room have lobbied your elected representative?

If you haven't, now is the time to start.

Tell them about TB. Explain to them why it matters. Ask them to raise these issues. Ask them to join our caucus.

If no-one had asked me, nine years ago, I wouldn't be here now.

Ladies and gentlemen, I addressed your conference seven years ago.

And since then, 10 million lives have been lost. We've made some progress. We have an effective new diagnostic tool. For the first time, we have a number of promising drug candidates. For the first time, we've taken a TB vaccine through stage 2 clinical trials. The Global Fund has swung into action.

There's been real progress in some countries.

South Africa has launched the biggest HIV treatment programme in the world, and a similarly enormous campaign to reduce rates of TB. I particularly want to thank the Minister of Health for South Africa, the Honourable Dr Aaron Motsoaledi, for his superb leadership.

India is making determined progress in tackling its own huge epidemic. I was hugely impressed to hear the candour of India's Health Minister, Dr Harsh Vardhan, who has urged a step change in the battle against TB in his own country.

We know that existing efforts across the world are not enough. It's time to do something about it.

Perhaps I will be invited to address you again in seven years' time.

And you, we, in this room, have to decide if we want to change things by then.

Will another 10 million lives have been lost?

I say, we can't go on like this.

If you want change, then stand up now. Stand up and say that it is time to stop TB.

Stand up and say, we refuse to be here in ten years' time, in twenty years' time, and still see such small annual reductions in this disease which afflicts the poorest and weakest in society most of all.

Stand up any say, it's in our collective power to stop this, if we have the ambition to do better.

Stand up and call on the people who represent you to act.

Stand up and say, 200 years is too long. We can beat TB in a generation. And we must.

ENDS